

File Original and First Copy with
Department of Ecology
Second Copy—Owner's Copy
Third Copy—Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No. _____

Start Card No. 023115

(1) OWNER: Name K. Bucha - CORNET FIRE HALL Address 395 W. TROXELL Rd, OAK HARBOR, W.N. 98277

(2) LOCATION OF WELL: County ISLAND NW 1 NW 1 Sec 1 T 33 N. R 1E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 395 W. TROXELL Rd 98277

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) _____

Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 118 feet. Depth of completed well 118 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from 0 ft. to 113 ft.
Welded ☒ Diam. from _____ ft. to _____ ft.
Liner installed ☐ Diam. from _____ ft. to _____ ft.
Threaded ☐ Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name COOK

Type WELDED STAINLESS Model No. _____

Diam. 6 Slot size 20 from 113 ft. to 118 ft.

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____

Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.

Material used in seal BENTONITE

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____

Type: Sub H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level 145' ft.

Static level 97' ft. below top of well Date JAN 89

Artesian pressure _____ lbs. per square inch Date _____

Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? DRILLER

Yield: 10 gal./min. with 7 1/2 ft. drawdown after 4 hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test JAN 89

Bailer test 10 gal./min. with 6+ ft. drawdown after 2 hrs.

Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.

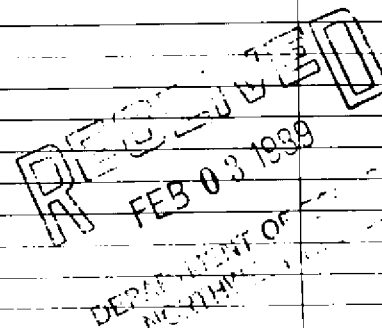
Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
HARD PAN	0	30
DIRTY SAND	30	74
DEY SAND	74	98
HARD PAN - HARD GRAVEL	98	106
GRAVEL WITH WATER	106	118



Work started JAN 89 19. Completed FEB 89 19

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDBEY DRILLERS (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address OAK HARBOR W.N.

(Signed [Signature] License No. 129) (WELL DRILLER)

Contractor's Registration No. WELDR0285 NM Date JAN 89

(USE ADDITIONAL SHEETS IF NECESSARY)



WATER WELL REPORT FOR AN EXISTING WELL

INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

CURRENT USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other		Unique Ecology Well ID Tag No. <u>BBF 297</u> Water Right? If yes, attach copy <input type="checkbox"/> Yes <input type="checkbox"/> No																	
DIMENSIONS: Diameter of well <u>6</u> inches. Depth of completed well <u>118</u> ft. if known.		Property Owner Name <u>Cornet Bay Fire Hall</u> Well Street Address <u>395 W Troxell</u> City <u>Oak Harbor</u> County <u>Island</u> Tax Parcel No. <u>13301-255-0150</u>																	
CONSTRUCTION DETAILS Liner installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Type: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		LOCATION An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec. <u>01</u> Twn <u>33</u> R. <u>1</u>																	
Perforations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown SIZE of perfs <u> </u> in. by <u> </u> in. and no. of perfs <u> </u> from <u> </u> ft to <u> </u> ft.		This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.																	
Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Mfr's name <u> </u> Type: <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other Diam. <u>6</u> Slot Size <u>20</u> from <u>113</u> ft. to <u>118</u> ft.		<table border="1"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td><u>(M)</u></td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table>		D	C	B	A	E	F	G	H	<u>(M)</u>	L	K	J	N	P	Q	R
D	C	B	A																
E	F	G	H																
<u>(M)</u>	L	K	J																
N	P	Q	R																
Gravel/Filter Packed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Materials placed from <u> </u> ft to <u> </u> ft.		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u> </u> Lat Min/Sec <u> </u> Long Deg <u> </u> Long Min/Sec <u> </u> <input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated																	
Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If know, to what depth <u> </u> ft. Materials used if known: <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Cement		RECEIVED MAP 10 2012 DEPARTMENT OF ECOLOGY NWRO - WR																	
PUMP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name <u> </u> Type: <u>Subm</u> H.P. <u> </u>		Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	
WATER LEVELS: Land-surface elevation above mean sea level <u>9</u> ft. Static Level <u>97</u> ft. below top of casing Date measured <u>Jan 89</u> Artesian pressure <u> </u> lbs. per square inch Date measured <u> </u> Well head has cap? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <u> </u> <input type="checkbox"/> Unknown Yield: <u>10</u> gal/min. with <u>8</u> ft. drawdown after <u>1</u> hrs.																			

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☒ Driller ☐ Engineer ☐ Property Owner ☐ Other

Name WHIDBEY DRILLERS

Signature Beryl Bruner

Driller License No. 38

Date Signed 2.29.12

Drilled Jan 89.

Drilling Company WHIDBEY DRILLERS

Address of person completing this form:

716 Holbrook Rd

City, State, Zip Coupeville WA